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REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing, er the lines.	type 1	2FE4M5		
L	COMMITTEE (IN Idil) AID: FIRE (IN Idil) PRESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION NI COO4402	PO BOX	101C1C	ongres		IX 99	5.1.Ø-L ZIP CODE STATE ▼	DISTRICT
4.	TYPE OF REPORT (Cr. (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quarter January 31 Year-En	Report (Q1) Report (Q2) erly Report (Q3)	12-Day PRE	-Election Report Primary (12P) Convention (120)	for the:	General (12G) Special (12S)	in the State of	O(0)
	. Termination Report	t (TER)	Election on	General (30G)	b b v	Runoff (30R)	in the State of	ecial (30S)
5. Covering Period 07 01 2010 through 09 30 2010 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Gabrielle Release Doux Signature of Treasurer Date 15 2010 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.								
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